state OCCUPA 1. PLACE OF DE pluods County item S statement PHYSICIAN RECORD. (a) Residence: No. (Usual place of abode) Exact PERSONAL AND STATISTICAL PARTICULARS 3. SEX 21. DATE OF DEATH 5. SINGLE, MARRIED, WIDOWED. OR_DIVORCED (write the word) PERMANENT classified. BINDING 5a. If married, widowed, or divorped HUSBAND of 22. (or) WIFE of N H certificate. 6. DATE OF BIRTH (month, day, end yeer) properly 7. AGE If LESS than FOR stated f day or____min. 8. Trade, profession, or particular THIS OCCUPATION RESERVED kind of work done, as SPINNER, jo SAWYER, BOOKKEEPER, etc.. back may 9. Industry or business in which pluods work was done, as SILK MILL, SAW MILL, BANK, etc.... 10. Date deceased last worked at on ff. Total time (years) this occupation (month and spent in this that occupation instructions UNFADING ARGIN 12. BIRTHPLACE (city or town) (State or country) supplied terms, FATHER f3. NAME 14. BIRTHPLACE (city or town) plain (State or country) should be carefully MOTHER important. f5. MAIDEN NAME in 16. BIRTHPLACE (city or town) DEATH (State or country) Where did injury occur?___ **f7. INFORMANT** very (Address) OF IATION, OR REMOVAL Manner of Injury TE AUSE mation NOIL Nature of injury 24. Was disease or injury In any 19. UNDERTAKER (Address) If so, specify Registrar.

STATE OF MARYLAND-CERTIFICATE OF DEATH Registration Dist. No. (If death occurred in a hospital or institution, give its NAME instead of street and number) How long in U.S. if of foreign birth? If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH (Day) (Year) CERTIFY. That I attended deceased from to have occurred on the date stated above, at The PRINCIPAL CAUSE OF DEATH and related causes of Importance Date of onset Contributory Causes of Importance Name of operation What test confirmed diagnosis?_____ Wes there an autopsy?__ 23. If deeth was due to externel causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? (Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arterioselerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BUREAU V e				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
	1			

ADDITIONAL SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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STATE OF MARYLAND—CERTIFICATE OF DEA	STATE O	MARY	AND-CEF	RTIFICATE	OF	FATH
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1	6 3	0	5	12
1	1	1	13	1.1
	-	-	2 5	17

1. PLACE OF DEATH	
County Calvert	Registration Dist. No. 52
Village or City W. Beach	NoSt., Ward
	death occurred in a horpital or institution, give its NAME instead of street and number)
()al) v	ds. How long in U.S. if of foreign birth?
2. FULL NAME John M. Brus	Jen
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Dec 10, 19374
5e. If married, widowed, or divorced HUSBAND of	LORC / (Month) (Day) (Year)
(or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) 2 1871	I last saw h decelive on 19 death is seid
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 3 4 m.
637 unknown 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related ceuses of Importance
8 Trade profession or particular	were as follows: Lemmakage Date of onset
8 Trade, profession, or particular kind of work done, es SPINNER, Retuel wall sawyer, BOOKKEEPER, etc.	
SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work wes done, es SPINKER, Melued was work wes done, es SPINKER, Melued work wes done, es SPINKER, Melued was SAWYER, BOOKKEEPER, etc. 10. Date deceased last worked et this occuration (month and this pocuration (month and this pocuration (month and this pocuration (month and this pocuration).	
SAW MILL, BANK, etc	
this occupation (month and spant in this occupation ————————————————————————————————————	
	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	
II 13. NAME	
13. NAME 14. BIRTHPLACE (city or town) 14. Grander 15. NAME 16. BIRTHPLACE (city or town)	Name of operation Date of
(Stete or country)	Whet test confirmed diegnosis? Was there en autopsy?
15. MAIDEN NAME Cut	23. If death was due to external causes (VIOLENCE) fill In elso the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Dete of injury, 19
(State or country)	Where did injury occur?
17. INFORMANT Robert Stellings (Address) W. Beart	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, DR REMOVAL	Manner of injury
Place 1991 Colling of Date LORC (V., 1974	Nature of injury
19. UNDERTAKER WATHALELUSS (Address)	24. Wes disease or injury In eny wey related to occupation of deceased? 400
20. FILED LOCC 3 1924 W/4 Hardesty Registrar.	(Signed) Latyl Warf M. D. (Address) Oring Ung

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

AGE should be stated EXACTLY.

CAUSE OF DEATH in plain terms, so that it may be properly classified.

mation should be carefully supplied.

PHYSICIANS should state

Exact statement of OCCUPA-

	WITH
	PLAINLY,
V. S. No. 1	N. BWRITE

	STATE OF MARYLAND—	CERTIFICATE OF DEATH
	1. PLACE OF BEATH	12251
	County CALVERT	Registration Dist. No. 5
	Village or City PRINCE FREDERIECE (OL	death occurred in a hospital or institution, give its NAME instead of street and number)
		ds. How long in U.S. if of foreign birth?yrsmosds.
-	2. FULL NAME ALBERY J. CAMPI	BELL
	(a) Residence: No. ISINCE FATORING (OU)	Ward. If nonresident give city or town and State
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF EATH (Month) (Day) (Year)
	5a. If marriad, widowed, or theored HUSBAND of (on) WHEE of Daise Campbell	22. HEREBY CERTIFY That I attanded deceased from
e ·	6. DATE OF BIRTH (month, day, and day) June 4 1897	I last saw he Walive on See 26, 19.36; death is said
cat	7. AGE Years Months Days If LESS than	to have occurred on the date stated above, av 2 46 pm.
certificate.	37 6 23 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
of ce	8. Trade, profession, or particular kind of work dona, as SPINNER. Melauce SAWYER, BOOKKEEPER, etc.	JULMONARY LUBERCULOSIS 8/1337
	9 Industry or business in which	Cugao 4
instructions on back	SAW MILL, BANK, etc. 10. Oata deceased last worked at this occupation (month and year) 11. Total time (years) spant in this occupation occupation occupation.	
ction	12. BIRTHPLACE (city of town) Baltunace	Other Coutributory Causes of importanca:
ştru	(State or country) Lampbell Tampbell	
	14. BIRTHPLACE (city or town) Scotland	Nama of operation Data of Data
Sae	(State or country) Buttale Pole	What test confirmed diagnosis? Was there an autopsyllo
mt.	15. MAIDEN NAME Margaret	23. If death was due to external causes (VIOLENCE) fill in also the following:
important	16. BIRTHPLACE (city or town) Settland (Stata or country) Rulish Sale	Accident, suicide, or homicide? Oate of Injury, 19
	17. INFORMANT Layerence Bowen (Address) PORT REPUBLIC	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
is very	18. BURIAL, CREMATION, OR REMOVAL Place Wester Cemeter Quite 12 - 30 1934	Manner of injury
TION		Madure of mjury.
TI	19. UNDERTAKER A. Harboner Jones. (Address) Muleul - Park.	24. Was disease or injury in any way related to occupation of deceased?
	20. FILEO 12-28, 19 3 4 - J. N. Keers. Registrar.	(Signed) (Signed) M. D. (Address) (Address) (Address)
	TC 11 11 11 C. D.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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11.—The number of years the deceased followed the occupation.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
BURPAIL V.	3			
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

albut Appitional SPACE FOR FURTHER STATEME	ENTS BY PHYSICIAN As all beau
/	

STATE OF MARYLAND—CERTIFICATE OF DEATH

I HEREBY CERTIFY, That I attended deceased from Date of onset

BINDING

FOR

ARGIN RESERVED

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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BUREAU Y. F				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1

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NI.	item
	Every
R	RECORD.
BINDING	N. BWRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-
) H	K
F	S
SERVED	INK-THIS
IARGIN RESERVED FOR BINDING	UNFADING
	WITH
	E PLAINLY,
S. No. 1	BWRIT
>	Z

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

certificate.

CAUSE OF DEATH in plain terms, so that it may be properly classified.

See instructions on back of

TION is very important.

Exact statement of OCCUPA-

STATE OF MARYLAND—	CERTIFICATE OF DEATH 12253
1. PLACE OF DEATH	
County () wed	Registration Dist. No. 51
Village or City accelerate	NoSt., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death goesteredyrsmos.	ds. How long in U.S. tf of foreign birth?yrsmosds.
2. FULL NAME JOHN GLOSS	
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIXORCED (wrighthe word)	21. DATE OF DEATH WENT 87 /939 (Year)
5a. If married, widowed, or divorced HUSBANO of (or) WIFE of	22. I HEREBY CERTIFY, That I ettended deceased from
6. DATE OF BIRTH (month, day, and year) and year	I lest saw h alive on , 19 ; death is said
7. AGE Yeers Noopins Odys If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, at
8. Trade, profession, or particular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.	Shorte of houndaly dee 8
No Hade, profession, or particular in the profession of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	
O 10. Oate deceased tast worked at this occupation (month and year)	
12. BIRTHPLACE (city or town) Adelyse (State or country) Colvert Country (Net	Other Contributory Causes of importance:
13. NAME Moses Grass 14. BIRTHPLACE (city or town) Calverty (State or country)	
14. BIRTHPLACE (city or town) (State or country)	Neme of operation Oete of What test confirmed diagnosis? Was there en eu!opsy?
15. MAIDEN NAME anul B. Reight	23. If death was due to externat causes (VIQL ENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Where did injury occur?
17. INFORMANT Auxil B. Grass (Address) adel frie	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place arpaile Date 14, 19	Manner of injury Reciplentally short by rollier. Neture of injury Perpositive would of about
19. UNDERTAKER Structhant Song (Address) Bales. Jud.	24. Was disease or injury in any way related to occupation of deceased?
20, FILED 2/10 1934 D. M. Jud	(Signed) M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

(Address)

Registrar.

Sudence.

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11.—The number of years the deceased followed the occupation.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
JAN 8 1934			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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Exact statement of OCCUPA-

-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate. N. B.—WRITE PLAINLY, WITH

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	8
County Calmer	Registration Dist. No. 51
Village or City Prince Fredorick	No. Calout County 1/50 ful Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. If of foreign birth?
11 1	
2. FULL NAME	
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
M Coh ON DITORCED (WITCHIO WOLD)	(Month) (Day) (Year)
5a. If marriad, widowad, or divorcad HUSBAND of	22. I HEREBY CERTIFY. That I attanded daceasad from
(or) WIFE of	22. I HEREBY CERTIFY, That I attanded daceasad from , 19, 19, 19
6. DATE OF BIRTH (month, day, and year) Dec 20, 1934	I last saw h aliva on, 19; death is said
7. AGE Yaars Months Days If LESS than	to have occurred on the date stated above, at
Stellburn 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
9 Trade profession or particular	Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc	Stillbarn
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SAW MILL, BANK, etc	
O 10. Date daceased last worked at this occupation (month and year) spent in this occupation occupation	
Tank I	Other Coutributory Causes of Importanca:
12. BIRTHPLACE (city or town) (Stata or country)	
P II	
14. BIRTHPLACE (city or town)	
4. BIRTHPLACE (city or town) (State or country)	Name of operation
	What test confirmed diagnosis? Was there an autopsy?
16. BIRTHPLACE (city or town)	23. If daath was dua to axternal causas (VIOLENCE) fill in also the following:
S 16. BIRTHPLACE (city or town) (State or country)	Accident, suicida, or homicida? Date of Injury, 19
- (State of country)	Whera did Injury occur? (Specify city or town, county and State)
17. INFORMANT Edward Hodger	Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) 18. BURIAL, CREMATION, OR REMOVAL	Manage of faller
PlacaDate19	Mannar of injury
9. 11. Pal-	Nature of injury
19. UNDERTAKER (Address)	24. Was disease or injury in any way related to occupation of deceased?
12/2/24	If so, spacify Signed) And D. M. D.
20. FILED 1 1/2 249 Ot of Image Registrar.	(Addrass) Asing Frederick but
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance: Gallstones	Md 1,1923	Other contributory causes of importance:	1 year

BINDING	THIS IS A DEDMANENT
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RESERVED	
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STATE OF MARYLAND-	CERTIFICATE OF DEATH 12254
1. PLACE OF DEATH	(212-f)
County Carrer	Registration Dist. No. 52
Village or City Changynille. Length of residence in city for town where death occurred vrs. mo	No. St., Ward feath occurred in a hospital or institution, give its NAME instead of street and number) S. ds. How long In U.S. if of foreign birth? yrs. mos. ds
2. FULL NAME Theodore Scott Hol	land
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH /2 /5 , 193 4 (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
A 21 10-5	, 19, 10, 19
6. DATE OF BIRTH (month, day, and year)	I last saw h alive on
7. AGE Years Months Days If LESS than 1 day,hrs. ormin.	were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, School SAWYER, BOOKKEEPER, etc.	fractived Date of onset
9. Industry or business in which work was done, as StLK MILL,	4: 1 1
kind of work done, as SPINNER, SAWYER, BOOKKEPPER, etc. 9. Industry or business in which work was done, as SILK MilL, SAW MILL, BANK, etc. 1D. Date deceased last worked at this occupation (month and year) occupation occupation	Fractived nick
12. BIRTHPLACE (city or town) 791	Other Contributory Causes of importance:
(State or country) a 13. NAME Marion Holland	
14. BIRTHPLACE (city or town)	Name of operation Date of
(State of Country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Mabel Scott	23. If death was due to external causes (VIDLENCE) filt in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide Accident Date of Injury 12/5, 19 34
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT (Address)	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Forells Creeks Date Dec. 17, 1934	Manner of injury Description to the Manner of Injury of Scientific Specific
19. UNDERTAKER Was H. Hutchings	24. Was disease or injury in any way related to occupation of deceased?
20. FILED De c: 15, 19 m. 3. Cox	(Signed) Jugh Wishard M. [
Registrar.	(Address) (Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.

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In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
JAN 8 1935	1		
Other contributory causes of importance: V. S.	and the second s	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICI.	AN
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(If death occurred in

a hospital or institu-tion, give Its NAME it-stead of street and

1	
- 7	
1	
)	1

PLACE OF DEATH

11 BIRTHPLACE

OF FATHER

12 MAIDEN NAME

OF MOTHER

13 BIRTHPLACE

OF MOTHER (State or country)

(Address

(State or country)

PARENTS

15

Filed

STATE OF MARYLAND CERTIFICATE OF DEATH

Ward)

MEDICAL CERTIFICATE OF DEATH

Registration Dist. No. 37

number.)

County	Colve	Y-1	100-04 Marin	
Village or.	City love	. Print	(No	a aleminopopus
14	FULL NAME	Pete	V Cx	meliu
PER	SONAL AND	STATISTICA	L PARTIC	ULARS
3 SEX Male	4 color	d	INGLE, IARRIED, VIDOWED, R DIVORCE Write the wor	
6 DATE OF	BIRTH			
		0	0	.8711
	***************************************	(Month)	(Day)	(Year)
7 AGE	60 yr	, , , mos	?	If LESS than I day hrs. or min.?
	non profession or kind of work	ac.	me	
business,	al nature of inc or establishmen ployed or (empl	it in		
9 BIRTHPLA	CE r eountry)	mary	lan	d
10 NAM	1 11	Howo	d	

Registrar

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

I HEREBY CERTIFY, That I attended the deceased nd that death occurred on the date stated above, at he CAUSE OF DEATH * was as follows: (Duration) Secondary (Duration) igned) the Disease Causing Death, or, in deaths from Causes, state (1) Means of Injury and Accidental, Suicidal or Homicidal, 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) In the State. At place Where was disease contracted, if not at place of death? Former or usual residence.

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Every Item of CIANS should

(Approved by U. S. Census and American Public Health Association.)

laborer, state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ochousehold only (not paid Housekcepers who receive a or At Home, and children, not gainfully em-For many occupations a single word or term on yrs). Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day For persons who have no occupation material

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebros; inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

JAN 7 1835 SERFAU V S.

"Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicidc; Poisoned by or as probably such, if impossible to determine definitely "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Exhaustion, "Debility" ("Congenital," atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptom. stated unless important (secondary or intercurrent) Whooping use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of approved by Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was underdiseases can be ascertained as the cause. causing death), 29 ds.; L. Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) (Recommendations on statement of cause of death Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY (name origin; "Cancer" is less definite; avoid resulting from childbirth or miscarriage as cough; 9.9 Committee on Nomenclature of the "Heart failure," "Haemorrhage," Chronic Example: Measles (disease chopneumonia (secondary), etc. The contributory affection need valvular Always qualify all heart disease; not be

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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The state of the s				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

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ree buth Cottiffication	0 0		

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V. S. No. 1

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-N. B.-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-

	County Oa	DEATH			(/08)	ation Dist. No. 5	1
	Village or City	0	reder	-ék	Np.	C+	
	Village bi Oity				death occurred in a hospital or institution, give its ?		d number)
	Length of residan	ce in city or town where	death occurred	yrsmos	ds. How long in U.S. if of foreign birt	h?yrs	mos
2	. FULL NAME	Mem	1	ne lea	me		
	(a) Residence:	No. 1. De	-		St., Ward.	**************	
-			(Usual plac			sident give city or town as	nd State
-		L AND STATIST			MEDICAL CERTIFIC	ATE OF DEATH	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (we fee tha word)					21. DATE OF DEATH	10	,,,, (
		w			(Month)	(Day)	(Ye
5a.	If married, widowed, HUSBAND of	or divorced			22. I HEREBY CERT	FIEV That I attende	d decease
(or) WIFE of					12/9774 19	12/10	19_
6 1	DATE OF BIRTH (mo	nth day and year)	7		I last saw h aliva on 12/9	. 19-35	
	AGE Years	Months	Days	if LESS than	to have occurred on the data stated above, at	A	200111
	70	2 3	3	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and ralate	, ,,	
	8. Trade, professio	n, or particular	1 1	ormin.	were a follows:	naic	Date of
LION	kind of work	dona, as SPINNER, OKKEEPER, etc.	aln				
PAT	9 industry or bus						
OCCUPA	SAW MILL, I	BANK, etc					
00		on (month and	11. Total	time (yaars) ent in this			
	yaar)	7/1	00	supation	Othar Contributory Causes of importance:		
	BIRTHPLACE (city of						
12.) - 7		7			
12.	(State or country	-					
ER		3					
ER	(State or country 13. NAME 14. BIRTHPLACE (ci				Name of operation	Data of	
FATHER	(State or country				Name of operation		
FATHER	(State or country 13. NAME 14. BIRTHPLACE (ci	untry)	E me	lalf		Was thera ar	autopsy?.
HER FATHER	(State or country 13. NAME 14. BIRTHPLACE (ci (State or cou	Elizabet	L me	lalf	What test confirmed diagnosis?	Was thera ar	n autopsy?.
HER FATHER	(State or country 13. NAME 14. BIRTHPLACE (ci (State or cou	Elizabel ity or town)	l me	lalf	What test confirmed diagnosis? 23. If death was due to external causes (VIDLEN Accident, suicide, or homicide? Where did injury occur?	Was thera ar	n autopsy?_ ing: , 19.
MOTHER FATHER	(State or country 13. NAME 14. BIRTHPLACE (ci (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (ci	Elizabel ity or town)	L ma	lalf	What test confirmed diagnosis? 23. If death was due to external causes (VIDLEN Accident, suicide, or homicide? Where did injury occur?	Was there are the control of the con	n autopsy?, 19
MOTHER FATHER	(State or country 13. NAME 14. BIRTHPLACE (ci (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (ci (State or country) 17. MAIDEN NAME 18. BIRTHPLACE (ci (State or country) 18. BIRTHPLACE (ci (State or country) 18. BIRTHPLACE (ci (State or country)) 19. BIRTHPLACE (ci (State or country))	ity or town)	L Me	abalf The	What test confirmed diagnosis? 23. If death was due to external causes (VIDLE) Accident, suicide, or homicide? Where did injury occur?(Specify	Was there are the control of the con	n autopsy?_ ing:, 19_
MOTHER FATHER	13. NAME 14. BIRTHPLACE (ci (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (ci (State or country) 16. MAIDEN NAME 16. BIRTHPLACE (ci (State or country) 18. MAIDEN NAME 19. MAIDEN NAME	ity or town)	L Me	Lay 24	What test confirmed diagnosis? 23. If death was due to external causes (VIDLE) Accident, suicide, or homicide? Where did injury occur?(Specify	Was there are the control of the con	n autopsy?_ ing: , 19_
MOTHER FATHER	(State or country 13. NAME 14. BIRTHPLACE (ci (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (ci (State or country) 17. MAIDEN NAME 18. BIRTHPLACE (ci (State or country) 18. BIRTHPLACE (ci (State or country) 18. BIRTHPLACE (ci (State or country)) 19. BIRTHPLACE (ci (State or country))	ity or town)	Chery Tudan Date	Lalf 12,1934	What test confirmed diagnosis? 23. If death was due to external causes (VIDLEN Accident, suicide, or homicide? Where did injury occur? (Specify Specify whether injury occurred in INDUSTRY,	Was there are the control of the con	n autopsy?, 19
MOTHER FATHER	(State or country 13. NAME 14. BIRTHPLACE (ci (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (ci (State or country) INFORMANT (Address) BURIAL, CREMATION Place UNDERTAKED	ity or town)	Charles Date 12	12,1934	What test confirmed diagnosis? 23. If death was due to external causes (VIDLEN Accident, suicide, or homicide? Whera did injury occur? (Specify Specify whether injury occurrad in INDUSTRY, Manner of injury Nature of injury 24. Was disease or injury in any way related to	Was thera are terms of the following the following the part of injury	n autopsy?_ ing:, 19_
MOTHER FATHER	(State or country 13. NAME 14. BIRTHPLACE (ci (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (ci (State or country) INFORMANT (Address) BURIAL, CREMATION Place	ity or town)	Charge Freder	12,1934	What test confirmed diagnosis? 23. If death was due to external causes (VIDLEN Accident, suicide, or homicide? Whera did injury occur? Specify Specify whether injury occurrad In INDUSTRY, Manner of injury Nature of injury	Was thera are terms of the following the following the part of injury	n autopsy?, 19

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000				
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Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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stated EXACTLY. PHYSICIANS should state

Exact statement of OCCUPA-

properly classified.

See instructions on back of certificate.

AGE should be

supplied.

mation should be carefully

TION is very important.

CAUSE OF DEATH in plain terms, so that it may be

STATE OF	MARYLAND-	CERTIFICATE OF DEATH
1. PLACE OF DEATH	-	
County Calquell		Registration Dist. No. 51
Village or City Knice	rocleuch	No. St. Ward
Village of only		death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death	occurredyrs,mos	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Stulle	en Mis	elec
(a) Residence: Np.		St., Ward.
	(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL	L PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	INGLE, MARRIED, WIDOWED, R DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of		22. HEREBY CERTIFY, That I attended deceased from
$\mathcal{A}O_{i}$	0 3 1950	last saw h alive on
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months	Days If LESS than	to have occurred on the date stated above, at
T. ACL	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
9 Tonda geofession as posticular	ormin.	were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc.		
9. Industry or business in which		
work wes done, as SILK MILL, SAW MILL, BANK, etc		
1D. Date deceased last worked at this occupation (month and	11. Total time (years) spent in this	
year)	occupation	Dither Coutributory Causes Mimportance:
12. BIRTHPLACE (city or town)	nedeway	Breeze Eusentalin
(State or country)	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
13. NAME Franke	Muslu	over
14. BIRTHPLACE (city or town) Call	ut. Co	Name of operation Date of
(State or country)	ud	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Elenalle	in Hooper	23. If death was due to external causes (VIOLENCE) fill in elso the following:
16. BIRTHPLACE (city or town) Ca	Questo Co	Accident, suicide, or homicide? Date of injury 19
(State or country)	mel	Where did injury occur?
17. INFORMANT Fragule M	galye -	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATIDIN DR REMOVAL	17/2	Manner of injury
Place astury	ate /3 ,1934	- Nature of injury
19. UNDERTAKER Arche Muis (Address)	ter	24. Was disease or injury In any way related to occupation of deceased?
00 511 1 3 10 34	·ntil	(Signed) M. D.

Regist

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
JAN 8 1933	1			
Other contributory causes of importance:	S	Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FUR	THER STATEMENTS BY PHYSICIAN
The well after	unsuccessful allengt
his midwell to de	liver bake. Deliver haven
leefer accomplished to &	houlders. 1000
	1/7-1

1. PL/	CE OF DEA	TATE C			BEATT 12	259
Cot	inty Colo	xuell.	2 1	2	Registration Dist. No. 51	
Vill	age or City	alk	engle	il.	NoSt.,	Ward
	,				If death occurred in a hospital or institution, give its NAME instead of street and number death of the long in U.S. If of foreign birth?yrsmos.	
		city of town where	path occurred.	yrsm	ds. How long in U.S. If of foreign birth?mos.	u
	LL NAME	(Varia	Bess	79	James	
(a)	Residence: No.	1000 V	(Usualloiace	of abode)	St., Ward. If nonresident give city or town and St.	ate
PE	RSONAL A	ND STATIST	CAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX	uelle 4. col	OR OR RACE		RIED, WIDOWED, O (write the work)	21. DATE OF DEATH (Month) (Day)	193 (Year)
5a. If marr HUSB	ed, widowed, or div AND of	vorced			22. O I HEREBY CERTIFY, That I attended de	ceased fro
(or) v	FIFE of		7 15	1 (0)	Suc 18, 1934, to	_, 19
6. DATE O	F BIRTH (month, d	ay, and year)	le 18	1934	I last saw h alive on, 19,	death is sa
7. AGE	Years	Months	Days	If LESS than	to have occurred on the date stated above, atm.	
	-			ormin.	THE PAINT CAUSE OF DEATH and related causes of importance	Date of ons
8. Tri	de, profession, or p kind of work done SAWYER, BOOKKE	particular , es SPINNER,			congenial by fuer	1419
9. Inc	lustry or business i	in which				
9. In	work was done, as SAW MILL, BANK,					
0 10. Da	te deceased last we this occupation (m	orked et onth and	11. Total ti	me (years) it in this pation		
	year)	and	18 ch as	he	Other Contributory Causes of importance:	
	PLACE (city or town ate or country)	y Foru	2010	vuc		
₩ 13. NA	ME CA	mes	Saile	u		
E	THPLACE (city or	town)	luis	Ca	Name of operation Date of	
14. 011	(State or country)	, .	2. 1	11	What test confirmed diagnosis? Was there en auti	opsy?
15. M/	IDEN NAME	Madel	ene C	gan	23. If death was due to external causes (VIOLENCE) fill in also the following:	7.31
15. MA	RTHPLACE (city or	town)Cs	Suit	Col	Accident, suicide, or homicide? Date of injury	, 19
Σ	(State or country))	D. Jack	MU	Where did injury occur? (Specify city or town, county and State)	
17. INFORM	IANT	amy/	Janey 11118	o well	Specify whether injury occurred In INDUSTRY, In HOME, or in PUBLIC PLAC	E.
	, CHENATION, OR	REMOVAL	12/	- 3.	Manner of Injury	
Pla	ce l'arter	Luk	Date	1.9, 19	Nature of injury	
19. UNDER	TAKER A Paridress)	via Pa	There I	e e	24. Was disease or injury in any way related to occupation of deceased?	
	1=		-	>	10/15/1	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk,

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Date of onset	The principal cause of death and related causes	Date of onset
	of importance were as follows:	
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1921 July 5,1927	1915 Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:

STATE OF	MARYL	AND-C	ERTIFI	CATE	OF	DEATH
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12261

1. PLACE OF DEATH	unt	7	
Village or City Length of residence in city or town where	nigo Elo	No. St., If death occurred in a hospital or institution, give its NAME instead of street and s. How long In U.S. if of foreign birth?	
2. FULL NAME	lia may	Lwayn.	nosas.
(a) Residence: No.	(Usual place of abode)	Ward. If nonresident give city or town as	nd State
PERSONAL AND STATIS	TICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 7 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Dec 26, (Month) (Oay)	, 193 (Year)
5a. If married, widowed, or divorced HUSBANO of (or) WIFE of		22. I HEREBY CERTIFY Thet I attende	d deceased from
6. DATE OF BIRTH (month, day, and year)	Ceps. 17, 1928	I last saw harmaliva on Dec 25, 19	; death is said
7. AGE Years Months	Deys If LESS than 1 dey,hrs. ormin.	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
8. Trada, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	11. Total tima (years) spent in this occupation	Museled	/ www
12. BIRTHPLACE (city or town) (State or country)	ml	Other Contributory Causes of importance:	7-41
13. NAME WW Ear	of Swarm	Mys carditis (auti)	7 day
14. BIRTHPLACE (city or town)	mi	Neme of operation Oete of What test confirmed diagnosis? Was there an	autonsy?
15. MAIOEN NAME JULIA 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address)	Ellen Plume De J	23. If death was due to external causes (VIOLENCE) fill in also the following Accident, suicide, or homicide?	ng: , 19
18. BURIAL, CREMATION, OR REMOVAL	6 Oate 12-27, 19 34	Manner of injury	
19. UNDERTAKER Harry (Address)	Hulefine	24. Was disease or injury in any way related to occupation of deceased? If so, specify	710
20. FILEO 12.27 , 19-34	IM. Iting	(Signed) Prince Friedlick	End.D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I	997	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
SURFAU V. e			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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S	TATE (OF MAR	YLAND-	CERTIFICATE OF DEATH	
1. PLACE OF DEA	TH,	/			1226.
County	ilver	7		Registration Dist. No. 5	A
Village or City	rine	Frede		No. Calvert County/toogh	Jos War
Length of residence in c	ity or town where	death occurred	yrsmos	death occurred in a hospital or institution, give its NAME instead of study and the death of the death occurred in the death occurred in a hospital or institution, give its NAME instead of study and the death occurred in a hospital or institution, give its NAME instead of study and the death occurred in a hospital or institution, give its NAME instead of study and the death occurred in a hospital or institution, give its NAME instead of study and the death occurred in a hospital or institution, give its NAME instead of study and the death occurred in a hospital or institution, give its NAME instead of study and the death occurred in a hospital or institution, give its NAME instead of study and the death occurred in t	
2. FULL NAME	Gens	al - o	Ireland	Williams	
(a) Residence: No.	JPA	ine 7	Zrederic	L St. Ward.	
		(Usual place		If nonresident give city or town an	d State
PERSONAL AN				MEDICAL CERTIFICATE OF DEATH	
ML	OR OR RACE	OR DEVORCE	RRIED, WIDOWED, ED (rupite the word)	21. DATE OF DEATH 2 / (Month) (Day)	, 193 4 (Yaar)
5a. If marriad, widowed, or dive HUSBAND of (or) WIFE of	orced	3		22. I HEREBY CERTIFY, That I attended	deceased from
6. DATE OF BIRTH (month, da	v. and year)	mar 2	2,1875	Hast saw h 17 alive on Dec. 21 193	, death is sa
7. AGE Years	Months	Days	If LESS than	to have occurred on the date stated above, at 11	
59	18	30	1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:	Date of ones
Trade, profassion, or p	as SPINNER.	Salos	74. 044		
SAWYER, BOOKKE	n which	, , , , , , , , ,		Mema	12/20/3
kind of work done, SAWYER, BOOKKEI S-Industry or business in work was done, as: SAW MILL, BANK,	atc				
10) Date deceased last wo this occupation (mo	rked at onth and	sp	time (years) ent in this cupation		
		0	· · ·	Other Contributory Causes of importance	1
12. BIRTHPLACE (city or town) (State or country))	ud.	•	Chrone Majohnins	
II 13. NAME	omas	. W. W	Illiams	Typowania	
14. BIRTHPLACE (city or to	own)	1.0		Name of operation Date of_	
(Otate of country)	(11)	and.	2-1	What test confirmed diagnosis? Was there en	eutopsy? 2
15. MAIDEN NAME	Clla	- Trel	and	23. If death was due to external causes (VIOLENCE) fill in also the following	ng:
16. BIRTHPLACE (city or to	own)	- lud	-4	Accident, suicide, or homicida? Date of Injury	, 19
(State or country)	/	11.01	*	Where did Injury occur? (Specify city or town, county and St	ate)
17. INFORMANT (Address)	07	Fred	and but	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC P	LACE.
18. BURIAL, CREMATION, OR	REMOVAL	1 121	-5	Manner of Injury	
Place Must	·ciwa	Date	13,1934	Nature of Injury	
19. UNDERTAKER Q. Q. (Address)	Harl	mere +	Low	24. Was disease or injury in any way related to occupation of deceased?	
20. FILED 12/21	1934	277. 1	Registrar.	(Signed) 1: W. France, (Address) Prinkle Freder	ich lu
	If mor	e blanks are needed.	1 //	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	

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	Example II		
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
1915	Attack of epilepsy	1 week ago	
1921	Run over by street car	1 week ago	
July 5,1927	Peritonitis	3 days ago	
	Other contributory causes of importance:		
May 1,1923	Gastroenteritis	1 year	
	1921 July 5,1927	Date of onset The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:	